

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

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01072005 No Chg-P CR2E034 (10/03)

DOCUMENT # P23309
 1. Entity Name
 KONICA MINOLTA BUSINESS SOLUTIONS U.S.A., INC.



Principal Place of Business
 100 WILLIAMS DR
 RAMSEY, NJ 07446

Mailing Address
 100 WILLIAMS DR
 RAMSEY, NJ 07446

DO NOT WRITE IN THIS SPACE

4. FEI Number
 13-1921089

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE, FL 32301

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MATSUMOTO, YASUO 100 WILLIAMS DR RAMSEY, NJ 07446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD KURIBAYASHI, TADASHI 101 WILLIAMS DR RAMSEY, NJ 07446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIP MURPHY, JOSEPH M 100 WILLIAMS DR RAMSEY, NJ 07446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEONCZYK, MICHAEL 100 WILLIAMS DR RAMSEY, NJ 07446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FALORIS, JOHN K 100 WILLIAMS DR RAMSEY, NJ 07446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP UMHOEFER, SHARON 100 WILLIAMS DR RAMSEY, NJ 07446

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tadashi Kuribayashi Date: 1/7/05 Daytime Phone #: (201) 825 4000

TADASHI KURIBAYASHI VP TENSUWA